

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 11/8/84

2 Serial/Patent # 10/633,177

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition		<u>11/13/83</u> 12/17/84	\$ 130
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$

7 TOTAL AMOUNT OF REFUND \$ 130

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

9 06-1448

10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

Postcard proves allegedly omitted drugs were present in office on May 1. Refund per fee.

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: C. Shirene Willis

TITLE: Pat. Attorney

SIGNATURE: C. Shirene Willis

PHONE: 571-272-3250

OFFICE: Office of Petitions

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: Alicia Willis

DATE: 11/9/84

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: